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## BIB DATA SHEET

CONFIRMATION NO. 4087

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP03/03992 03/28/2003 Yes IH

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2002-105796 04/08/2002 Yes IH

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IKH	JAPAN	8	20	4
Verified and /IAN KNOBEL HOLLOWAY/ Acknowledged Examiner's Signature		Initials				

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**TITLE**

Insulin administration apparatus

<b>FILING FEE RECEIVED</b> 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)

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